

FOR MISCELLANEOUS CalPERS MEMBERS
REQUESTING RETIREMENT ESTIMATE(S)
AND PRINTING OF PAYROLL/PERSONNEL SCREENS

Type of Retirement: _____ Service _____ Disability

NOTE: You must be 50 years of age with a minimum of 5 years CalPERS service credit to **service** retire.

Please print:

EMPLOYEE NAME (FIRST) (MI) (LAST)			SOCIAL SECURITY NUMBER
WORK PHONE		() HOME PHONE	DEPARTMENT/BUREAU/DIVISION

What days and hours do you work? _____
HOURS DAYS

Estimated retirement date(s):

① ____/____/____ ② ____/____/____ ③ ____/____/____
month day year month day year month day year

ENTER YOUR BIRTH DATE: ____/____/____ MONTH DAY YEAR	ENTER BENEFICIARY'S BIRTH DATE: (Optional, used to calculate option amounts for pension) ____/____/____ MONTH DAY YEAR
--	---

Please answer each question (circle response)		
Were you ever a CalPERS retiree receiving a pension check?	Yes	No
Did you at any time work as a CalPERS Safety member?	Yes	No
Did you work for any CalPERS employer other than the City of Long Beach?	Yes	No
Have you worked LESS THAN full time/full pay since 06/30/99?	Yes	No

From your last CalPERS Annual Member Statement to current date, mark "X" by any that apply to you:

____ Off work - on Workers' Compensation pay (for _____ full months)
____ Off work - on no-pay leave of absence (for _____ full months)
____ Worked part-time

Please answer each question (circle response)		
Were you a CalPERS member prior to 07/01/82?	Yes	No
Are you currently employed and expect to be full/time/full pay to your proposed retirement effective date?	Yes	No
Has your average monthly pay rate for the last consecutive 12 months (Tier 1) or 36 months (Tier 2 & Tier 3) been your highest, not counting overtime?	Yes	No

SURVIVOR CONTINUANCE BENEFIT - do you have someone eligible? Please answer each question. (circle)		
A) Will you have been married at least one year prior to your tentative retirement date?	Yes	No
B) Do you have any unmarried children (natural or adopted) who are under age 18?	Yes	No
C) Do you have any unmarried children who were disabled prior to age 18 & still disabled?	Yes	No
D) Are either or both of your parents dependent on you for at least one-half of their support?	Yes	No

Do you need forms to request additional PERS service credit for which you may be eligible (e.g. Military Service, Service Prior to Membership, Redeposit of Refunded \$, etc.) Commonly referred to as "BUY BACKS"? ____ Yes ____ No

HAVE YOU ATTACHED TO THIS FORM A PHOTOCOPY OF PAGE 2 OF YOUR LAST PERS ANNUAL MEMBER STATEMENT?

____ Yes	____ No If no, this information will be obtained for you, however, it may create a delay in the processing of your estimate
----------	---

HOW DO YOU WANT THE ESTIMATE SENT?

____ Interoffice (confidential) ____ Mailed to Home ____ Call when ready (ext. ____)

YOU MUST NOW READ AND SIGN THE DISCLAIMER ON THE NEXT PAGE

DISCLAIMER

The retirement estimate program, which will be used by the City's Retirement Counselor to estimate your CalPERS Service Retirement allowance, will be based on the information you provide on this form. It does not access any information maintained by CalPERS on your benefit formula(s), service credit, or salary history. It also does not audit your eligibility for retirement. CalPERS and THE CITY OF LONG BEACH ARE NOT RESPONSIBLE FOR THE ACCURACY OF ANY ESTIMATE PRODUCED BY THIS PROGRAM.

I have read the above disclaimer and understand that any retirement estimate I am given by an employee of the City of Long Beach is a rough estimate and its accuracy cannot be guaranteed.

Signature

Date

Forward completed form to:

**Mary Eme, Retirement Counselor
Human Resources & Affirmative Action, 13th Floor**